

SMM SUMMER SCHOOL REGISTRATION FORM 2019

Name of Child: _____

Grade Child is Entering: _____

School Child Attends: _____

Parent/Guardian: _____

Phone Number of Parent/Guardian: (H) _____

Phone Number of Parent/Guardian: (C) _____

E-Mail Address 1: _____

E-Mail Address 2: _____

*****PLEASE FILL OUT FORM ALONG WITH A \$15
REGISTRATION FEE**

***RETURN BY MAY 17th to Mrs. Colley**

Choose One Class:

- 8:30 a.m. – 11:30 a.m. (\$90/week)**
- 8:30 a.m. – 12:30 p.m. (\$120/week)**

Mailing Address: Charlotte Colley
9516 Tamarisk Parkway
Louisville, KY 40223